## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

## VANDERLINDE-1

			CLAIM	S AS FILE	) - PART	ī				· 1112	<u> </u>	OTHER		
FOR			CLAIMS AS FILED - PART (Column I)  NUMBER FILED			(Column 2) NUMBER EXTRA			SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
								RATE	FEE		RATE	FEE		
BASIC FEE (37 CFR 1.16(a))									90	4	.F2117977	-		
TOTAL CLAIMS (37 CFR 1.16(c))			n manadasi u	10 m	inus 20 =	*	<u> </u>		1381	\$	. 01	24504068675	₹ <u>₹</u> 550.	
INDEPENDENT CLAIMS (37 CFR 1.16(b))				<del></del>	ninus 3 =		0	┪┟	x <u>s 18                                    </u>	= 0.00		A 3	= 0,00	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))									× <u> </u>	0,00		x <u>84</u> =	0,00	
If the difference in column 1 is less then zero, enter "0" in column 2								ן נ			┪ .	`[	0.0	
									TOTAL	0.00	OF	R TOTAL	750,	
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL ENTITY			OR	OTHER		
AMENDMENT A			IMS		7	HEST	(60/4/////3)	٦г		T	7	SMALL	ENTITY	
		REMA AFT			NUI	MBER	PRESENT	Ш	RATE	ADDI- TIONAL		D. 75	ADDI-	
		AMENI				OUSLY OFOR	EXTRA			FEE		RATE	TIONAI FEE	
	Total (37 CFR 1.16(c))	*		Minus	**		=	11		<del> </del>	OR	. 6		
	Independent (37 CFR 1.16(b))	*	_	Minus	***		=	-   ×	<u> </u>		OR	x 5=		
	FIRST PRESENTATION OF MUI			II TIDI E DE	DEVIDENCE		<u></u>	-   × -   ×			OR	x=		
			IN OF MI	JETIPLE DE	PENDENT	CLAIM	(37 CFR 1.16(d))	ĴĽ	=		OR	+=		
		(Column 1) (Column 2) (Column 3)							TOTAL IT. FEE		OR	TOTAL DDIT. FEE		
AMENDMENT B		CLAI		22 . Sept 12 .	HIGHEST			7		ADDI-	1	DDIT. FEE		
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	Total (37 CFR 1.16(c))	*		Minus	**		=	x s	=		OR	x \$ =		
	Independent (37 CFR 1.16(b))	*		Minus	***		=				OR			
	FIRST PRESENTATION OF MULTIPLE DE			LTIPLE DE	PENDENT	CLAIM	(37 CFR 1.16(d))	╢	$=$ $\downarrow$		OR	×=		
							(5) 61 (1.10(4))	] [_	TOTAL		OR	+=		
(Column 1) (Column 2)					n 2)	(Column 3)		T. FEE		OR AI	TOTAL DDIT. FEE			
AMENDMENI C		CLAIN REMAIN			HIGH			$\prod$		ADDI-			4.00%	
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	(37 CFR 1.16(c))	*		Minus	**		=	x \$_	=		OR	: S =		
	Independent (37 CFR 1.16(b))	*		Minus	***		=	x			OR		,	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							==-		OR X				
<u></u>								<u> </u>	= FOTAL		OR +	=		
	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".										OR AD	TOTAL DIT. FEE		
							, enter "20". enter "3". est number found i				_			

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231.

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